

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008230

Registration District No.

316

Primary Registration District No.

Registrar's No.

73

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/5910940  
20940

3

4 0

5 1

6

7 0

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94201

10

11

1290.0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

316

Primary Registration District No.

Registrar's No.

73

STATE FILE NUMBER

FILED FEB 27 1963

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Bismarck

Length of stay in 1b

27 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

general delivery

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

b. COUNTY

St. Francois (admission)

c. CITY

OR  
TOWN

Bismarck

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

1125 Pine Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

JESSE

First

EDGAR

Middle

WHITT

Last

4. DATE

OF  
DEATH

Month Day Year

February 16, 1963

5. SEX

male

6. COLOR OR RACE:

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/24/1902

9. AGE (last birthday)

61

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

driller

10b. KIND OF BUSINESS OR INDUSTRY

St. Joseph Lead Co.

Irondale Mo.

11. BIRTHPLACE (City and state or country)

USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Whitt

13b. MOTHER'S MAIDEN NAME

Lydia Belle Hayes

14. NAME OF HUSBAND OR WIFE

Blanche Gamblin Whitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

(If yes, give war or dates of)

17. INFORMANT

Address

Mrs. Blanche Whitt, Bismarck, Mo.

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infarction of myocardium

INTERVAL BETWEEN

ONSET AND DEATH

Immediate

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerotic coronary thrombosis.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-23-59

to 2-1-63

and last saw him alive on 2-1-63

Death occurred at

5.00

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Bonne Terre, Mo.

22c. DATE SIGNED

2-19-63

(State)

23a. BURIAL, CREMATION,

REMOVAL (Specify)

burial

23b. DATE

2/19/1963

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

23d. LOCATION (City, town, or county)

Bismarck, Missouri

24. FUNERAL DIRECTOR

ADDRESS

White Funeral Home, Ironton, Mo.

25. DATE RECD. BY LOCAL REG.

2-19-1963

26. REGISTRAR'S SIGNATURE

Ester H. Rudloff

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lyle H. White*

Licensed Embalmer No. 4295

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.